



# AGENCY INFORMATION

1. Agency Profile

1.1 Agency Information

Please make sure your Jurisdiction name is correct since this is how it will appear on your banking form. If the jurisdiction name is incorrect, please contact the BVP Help Desk as shown at the bottom of the left side menu.

2. Application

3. Payment

4. Status

5. Personal Information

Help

JUR: STORY COUNTY, IA

LOG OUT

OMB #1121-0235  
(Expires: 10/31/2016)

Name:	STORY CCUNTY
Agency Type:	County/Parish
Government ID Number:	161085085
* Tax Payer ID Number: ⓘ	426005024
9 Digit DUNS:	050813112
DUNS 4:	
* Unique Entity Identifier (UEI):	MR7LH26Y2UW7
Number of Existing Population:	97355
Number of Existing Full Time Officers:	33
Number of Existing Part Time Officers:	5

* Address Line 1:	900 6th St.
Address Line 2:	
* City:	Nevada
State:	IA
* Zip:	50201-2087

CANCEL      SAVE



# AGENCY CONTACTS

## 1. Agency Profile

1.2 Agency Contacts

### 2. Application

### 3. Payment

### 4. Status

### 5. Personal Information

#### Help

JUR: STORY COUNTY, IA

LOGOUT

OMB #1121-0235  
(Exp: 10/31/2016)

Please verify your agency contact information.

*Note:* The role of Primary Point of Contact (POC) is critical to the success of this program. The POC will be required to review and approve the online application and all requests for payment. You will also be making various assurances and certifications with respect to key program guidelines and requirements. **If you feel these responsibilities exceed your authority, please STOP at this point and resume once your authority has been more clearly established.** If you are the Chief Executive, then you will also be acting as the Primary Point of Contact for your jurisdiction.

AGENCY CONTACT INFORMATION [HIDE](#)

Name	User Id	Phone Number	Email	Status
Leanna Ellis	lellis@storycountyiowa.gov	(515) 382-6566x7474	lellis@storycountyiowa.gov	Associated

#### PERSONNEL

##### 1 Chief Executive Officer

\* First Name:

Leifian

\* Last Name:

Faisal

\* E-mail:

L.Faisal@storycountyiowa.gov

Fax:

(515) 382-7206

\* Phone:

(515) 382-7203

##### 2 Chief Financial Officer

\* First Name:

Lisa

\* Last Name:

Markley

\* E-mail:

lmarkley@storycountyiowa.gov

Fax:

\* Phone:

(515) 382-7212

##### 3 Point of Contact

\* First Name:

Leanna

\* Last Name:

Ellis

\* E-mail:

lellis@storycountyiowa.gov

Fax:

\* Phone:

(515) 382-7474

#### AGENCY CONTACTS

\* Address Line 1:

1315 S B Ave.

Address Line 2:

County:

\* City:

Nevada

\* State:

IA ▾

\* Zip:

50201-2806

CANCEL

SAVE



# APPLICATION PROFILE

## 1. Agency Profile

## 2. Application

## 3. Payment

## 4. Status

## 5. Personal Information

## Help

JUR: STORY COUNTY, IA

LOGOUT

OMB #1121-0235  
(Expires: 10/31/2019)

Application Profile

Application

NIJ Approved Vests

Submit Application

Please enter your application profile information.

### Vest Replacement Cycle:

Under normal conditions, the number of years you allow an officer to wear body armor before it is replaced. 5

### Number of Emergency Replacement Needs:

Number of Emergency Replacement Needs cover vests that are potentially defective, vests that have been lost, stolen, or damaged, and vests needed as a result of unanticipated Number of Officer Turnover occurring within the last 3 to 6 months. It DOES NOT include tactical vests or routine agency needs for new or replacement vests unless those vests contain Zylon® and must be replaced immediately.

\* Number of Stolen or Damaged

0

\* Number of Officer Turnover

4

Required fields are denoted by \*

SAVE

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# MANAGE APPLICATION

## 1. Agency Profile

## 2. Application

[2.1 Agency Profile](#)
[2.2 Manage Application](#)
[2.3 Submit Application](#)
[2.4 Emergency Replacement](#)
[2.5 Emergency Replacement](#)

## 3. Payment

## 4. Status

## 5. Personal Information

[Help](#)

JUR: STORY COUNTY, IA

[LOGOUT](#)

 OMB #1121-0235  
 (Expires: 10/31/2016)

[Application Profile](#)
[Application](#)
[NIJ Approved Vests](#)
[Submit Application](#)

Listed below is each of the vests which you included in your application. You may view, change or delete the information shown for each type of vests listed by clicking on its 'Model Name'. To add more vests to your application, please select the "Add Vests To Application" button. If all information is correct, please select the "Proceed To Submit Application" button to continue with the application process.

### APPLICANT PROFILE

Participant	STORY COUNTY
Fiscal Year	2022
Number of Agencies Applied	1
Total Number of Officers for Application	38
Number of Officers on Approved Applications	38

### EMERGENCY REPLACEMENT

Fiscal Year	2022
Vest Replacement Cycle ⓘ	5
Number of Officers	38
Number of Stolen or Damaged Emergency Replacement Needs ⓘ	0
Number of Officer Turnover	4

### EMERGENCY REPLACEMENT

#### Vests for 2022 Regular Fund

Model Name	Quantity	Specification	Gender	Unit Price	Total Cost
+ BA-2000S-SM02	12	II	N	\$800.00	\$9,600.00
+ Grand Totals	12				\$9,600.00

[PROCEED TO SUBMIT APPLICATION](#)
[ADD VESTS TO APPLICATION](#)



## SUBMIT APPLICATION

- ## 5. Personal Information

**Help**

JUR: STORY COUNTY, IA

LOGOUT

OMB #1121-0235  
(Expires: 10/31/2015)

[Submit Application](#)

PLEASE NOTE: Applications for funding may be submitted for the purchase of any armor that meets the established NIJ ballistic or stab standards ordered on or after April 1, 2022. Once the open application period closes, funding levels will be established and all applicants will be notified.

THE UNIVERSITY OF CHICAGO

Participant STORY COUNTY

Fiscal Year 2022

Number of Agencies Applied 1

Total Number of Officers for Application 38

Number of Officers on Approved Applications 38

Fiscal Year 2022

Vest Replacement Cycle ① 5

Number of Officers 38

Number of	Number of Stolen or Damaged	0
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Replacement Needs	Number of Officer	4
	Turnover	

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## Application for Funding

Name	Quantity	Extended Cost	Tax, S&H <sup>xx</sup>	Total Cost
STORY COUNTY	12	\$9,600.00	\$0.00	\$9,600.00
Grand Totals	12	\$9,600.00	\$0.00	\$9,600.00
Requested BVP Portion of Total Cost, up to:				\$4,800.00

<sup>2</sup>. Total Taxes, Shipping and Handling Cost for each Application

SUBMIT APPLICATION FOR BVP APPROVAL

**Paperwork Reduction Act Notice**

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time for all components of a jurisdiction to complete and file this Application for Funding form is two hours. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you may use the Suggestions e-mail option on this BVP web site, or you may write to the BVP, c/o Bureau of Justice Assistance, 810 Seventh Street NW, Washington, DC, 20531.



# CEO CERTIFICATION

## 1. Agency Profile

## 2. Application

## 3. Payment

## 4. Status

## 5. Personal Information

## Help

JUR: STORY COUNTY, IA

LOGOUT

OMB #1121-0235  
(Expires: 10/31/2019)

Application Profile

Application

NIJ Approved Vests

Submit Application

General Certification

U.S. Department of Justice  
Office of Justice Programs

Patrick Leahy Bulletproof Vest Partnership Grant  
Certifications and Assurances  
by the Chief Executive of the Applicant Government

On behalf of the applicant, and in support of this application for an award under the Patrick Leahy Bulletproof Vest Partnership (BVP) Grant program, I certify under penalty of perjury to the Office of Justice Programs (OJP), U.S. Department of Justice (Department), that all of the following are true and correct:

- a. I have the authority, as chief executive of the applicant to make the following representations on behalf of myself and the applicant. I understand that these representations will be relied upon as material in any OJP decision to make an award to the applicant based on its application.
- b. The applicant has the legal authority to apply for the federal assistance sought by the application, and that it has funds sufficient to pay any required non-federal share of project costs.
- c. I assure that, throughout the period of performance for the award (if any) made by OJP based on the application, the applicant will-

- i. comply with all award requirements and all federal statutes and regulations applicable to the award;
- ii. require all subrecipients to comply with all applicable award requirements and all applicable federal statutes and regulations; and
- iii. maintain safeguards to address and prevent any organizational conflict of interest, and also to prohibit employees from using their positions in any manner that poses, or appears to pose, a personal or financial conflict of interest.

- d. The applicant understands that the federal statutes and regulations applicable to the award (if any) made by OJP based on the application specifically include statutes and regulations pertaining to civil rights and nondiscrimination, and, in addition-

- i. the applicant understands that the applicable statutes pertaining to civil rights will include section 601 of the Civil Rights Act of 1964 (42 U.S.C. § 2000d); section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794); section 901 of the Education Amendments of 1972 (20 U.S.C. § 1681); and section 303 of the Age Discrimination Act of 1975 (42 U.S.C. § 6102);
- ii. the applicant understands that the applicable statutes pertaining to nondiscrimination may include section 815(c) of Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3789d(c)); section 1407(e) of the Victims of Crime Act of 1984 (42 U.S.C. § 10604(e)); section 293A(b) of the Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672(b)); and that the grant condition set out at section 40002(b)(13) of the Violence Against Women Act (42 U.S.C. § 13925(b)(13)) also may apply; and
- iii. on behalf of the applicant, I make the specific assurances set out in 28 C.F.R. §§ 42.105 and 42.204.

- e. The applicant also understands that (in addition to any applicable program-specific regulations and to applicable federal regulations that pertain to civil rights and nondiscrimination) the federal regulations applicable to the award (if any) made by OJP based on the application may include, but are not limited to, 2 C.F.R. Part 2800 (the DOJ "Part 200 Uniform Requirements") and 28 C.F.R. Parts 22 (confidentiality - research and statistical information), 23 (criminal intelligence systems), and 46 (human subjects protection).

- f. I assure that the applicant will give the Department and the Government Accountability Office, through any authorized representative, access to, and opportunity to examine, all paper or electronic records related to the award (if any) made by OJP based on the application. The applicant agrees that documentation to support the BVP application and payment requests will be kept for at least a three year period.

- g. I certify that submission of this application for funding under the BVP Grant Act constitutes the legally binding acceptance by the applicant of the terms and conditions set forth in the application, and of the BVP program's statutory, regulatory, and programmatic requirements, restrictions, and conditions.

- h. The applicant understands that, in the case of any equipment or products that may be purchased under an award under the BVP Grant Act, it is the sense of the Congress that BVP recipients receiving the assistance should, in expending the award funds, purchase only American-made equipment and products.

- i. No funding received under any other Federal grant program will be used to pay or defer the cost, in whole or in part, of the matching requirement of 31 USC § 10531(1), except as provided in 31 USC §



10531(2) regarding funds appropriated for the activities of any agency of an Indian Tribal government or the Bureau of Indian Affairs.

j. The applicant EITHER:

- i. did NOT (or will NOT) apply for a Justice Assistance Grant (JAG) Local award for the same fiscal year as that of this application; OR
- ii. HAS applied for (or WILL apply for) a JAG Local award for the same fiscal year as that of this application and has considered but did NOT (and does NOT) expect to use those JAG Local award funds for any part of the cost of purchasing armor vests (including either the federal or the match portion).

☐ I acknowledge and accept the General Certification

#### GENERAL CERTIFICATION

##### Funding Limits Certification

- a. I acknowledge that all funding awards will be subject to the availability of funds and I acknowledge that there is no guaranteed level of funding associated with the submission of this application to the BVP program.
- b. The applicant will meet its financial and contractual obligations associated with any purchase transactions, regardless of the amount of funding received under this application.

☐ I acknowledge and accept the Funding Limits Certification

#### MANDATORY WEAR

##### Mandatory Wear Policy Certification

- a. The applicant has a written, mandatory-wear policy that establishes general requirements for law enforcement and corrections officers, assigned to uniformed functions, to wear (subject to appropriate exceptions as determined by the applicant) bullet-resistant vests and that this policy is in effect on the date this application is submitted.
- b. I assure that the foregoing written mandatory-wear policy will remain in effect during the service life of any and all vests purchased with federal funds under this award.
- c. To the best of my knowledge and belief, after diligent inquiry and review, this applicant is, at the time this application is submitted, in compliance with the foregoing mandatory-wear policy.
- d. I assure that the applicant will remain in compliance with the foregoing mandatory-wear policy throughout the service life of any and all vests purchased with federal funds under this award.

☐ I acknowledge and accept the Mandatory Wear Policy Certification

#### UNIQUE VEST FIT

##### Unique Vest Fit Certification

- a. To the best of my knowledge and belief, after diligent inquiry and review, I certify that, at the time this application is submitted-
  - i. The criteria and protocols, made available by the BVP program, for providing "uniquely fitted" ballistic or stab-resistant vests to officers have been reviewed.
  - ii. All of the applicant's law enforcement and corrections officers have been provided with access to the ASTM International "Standard Practice for Body Armor Wearer Measurement and Fitting of Armor"-ASTM Standard E3003-and the Justice Information Technology Center's "Personal Armor Fit Assessment".
  - iii. All of the applicant's law enforcement and corrections officers have been notified that, upon their request, they will be provided with the opportunity to receive a protective vest that is uniquely fitted to them.

*Note: In the BVP Program, "uniquely fitted vests" means protective (ballistic or stab-resistant) armor vests that conform to the individual wearer to provide the best possible fit and coverage, through a combination of 1) correctly-sized panels and carrier, determined through appropriate measurement, and 2) properly adjusted straps, harnesses, fasteners, flaps, or other adjustable features. The requirement that body armor be "uniquely fitted" does not necessarily require body armor that is individually manufactured based on the measurements of an individual wearer.*

☐ I acknowledge and accept the Unique Vest Fit Certification

#### SIGNATURE

##### Signature Acknowledgement Certification

I understand and acknowledge that a materially false, fictitious, or fraudulent statement (or concealment or omission of a material fact) in this certification, or in the application that it supports, may be the subject of

criminal prosecution (including under 18 U.S.C. §§ 1001 and/or 1621, and/or 34 U.S.C. §§ 10271-10273), and also may subject me and the applicant to civil penalties and administrative remedies for false claims or otherwise (including under 31 U.S.C. §§ 3729-3730 and 3801-3812). I also acknowledge that payments under OJP programs such as the BVP program, including certifications provided in connection with such awards, are subject to review by the Department, including by OJP and by the Department's Office of the Inspector General.

☐ I acknowledge and accept the Signature Acknowledgement Certification



As the chief executive officer (or designee), authorized to submit this application, I hereby enter my full name in the space provided below:

SUBMIT

BACK